



GEORGIA MEDICAID FEE-FOR-SERVICE PULMONARY ARTERY HYPERTENSION AGENTS PA SUMMARY

Preferred	Non-Preferred
Epoprostenol generic Letairis (ambrisentan) Sildenafil tablets generic* Ventavis (iloprost for inhalation)*	Adcirca (tadalafil) Adempas (riociguat) Flolan (epoprostenol) Opsumit (macitentan) Orenitram (treprostinil tablets) Remodulin (treprostinil for injection) Revatio suspension (sildenafil) Tracleer (bosentan) Tyvaso (treprostinil for inhalation) Uptravi (selexipag) Veletri (epoprostenol)

*Preferred agents that require prior authorization.

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Adcirca, Opsumit, Tracleer

- ❖ Approvable for the diagnosis of pulmonary arterial hypertension (PAH) in members who are under the care or referral of a cardiologist or pulmonologist AND
 - Members with World Health Organization (WHO)/New York Heart Association (NYHA) Functional Class II or III symptoms must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to ambrisentan (Letairis) and sildenafil (Revatio).
 - Members with WHO/NYHA Functional Class IV symptoms must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.

Adempas

- ❖ Approvable for the diagnosis of PAH who are under the care or referral of a cardiologist or pulmonologist AND
 - Members with WHO/NYHA Functional Class II or III symptoms must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to ambrisentan (Letairis) and sildenafil (Revatio).
 - Members with WHO/NYHA Functional Class IV symptoms must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.
- ❖ Approvable for the diagnosis of chronic thromboembolic pulmonary hypertension (CTEPH) in members who have failed or are not candidates for



surgical treatment and are under the care or referral of a cardiologist or pulmonologist.

Flolan and Veletri

- ❖ For members with a diagnosis of PAH who are under the care or referral of a cardiologist or pulmonologist, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic epoprostenol, is not appropriate for the member.

Orenitram and Uptravi

- ❖ Approvable for the diagnosis of PAH in members with WHO/NYHA Functional Class II or III symptoms who are under the care or referral of a cardiologist or pulmonologist

AND

- ❖ Members must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to ambrisentan (Letairis) and sildenafil (Revatio).

Revatio Suspension, Sildenafil Tablets Generic

- ❖ Approvable for the diagnosis of PAH in members with WHO/NYHA Functional Class II or III symptoms who are under the care or referral of a cardiologist or pulmonologist.
- ❖ Approvable for the diagnosis of PAH in members with WHO/NYHA Functional Class IV symptoms who are under the care or referral of a cardiologist or pulmonologist and have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.
- ❖ For members less than 18 years of age, physicians should be aware that the FDA recommends against the off-label use of sildenafil (Revatio) in children and adolescents unless the benefits outweigh the risks.
- ❖ In addition for Revatio Suspension, members must be unable to swallow solid oral dosage forms (i.e., tablet, capsule) or must require a dose that cannot be obtained from sildenafil tablets, otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic sildenafil tablets, is not appropriate for the member.

Tyvaso

- ❖ Approvable for the diagnosis of PAH in members who are under the care or referral of a cardiologist or pulmonologist

AND

- Members with WHO/NYHA Functional Class III symptoms must have experienced ineffectiveness, allergy contraindication, drug-drug interaction, or intolerable side effect to iloprost (Ventavis).
- Members with WHO/NYHA Functional Class IV symptoms must have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.

Ventavis

- ❖ Approvable for the diagnosis of PAH in members with WHO/NYHA Functional Class III symptoms who are under the care or referral of a cardiologist or pulmonologist.



- ❖ Approvable for the diagnosis of PAH in members with WHO/NYHA Functional Class IV symptoms who are under the care or referral of a cardiologist or pulmonologist and have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to epoprostenol.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.